07 (0P)/FS NECEIVED						٠,
DISTRIBUTION NEW MEXICO OIL			CONSERVATION CC	ISSION	Form C-104	•
SANTA FE REQUES			FOR ALLOWABL Supersedes Old C-104 and			
FILE 1 0					Ellective 1-1-6	3
U.S.G.S.	_ AUTHO	RIZATION TO TRA	ANSPORT OIL AND	NATURAL	GAS	
LAND OFFICE	_			- F	CEIVED	
TRANSPORTER GAS	_					
OPERATOR /	4			D	EC 6 - 1979	
Operator					G. C. G.	
Delta Drilling Compa	ny	<u>. </u>		Al	TERIA. DESIGE	
P. O. Box 3467, Midl	and, Texas	79702	[O.b., 484	,		
Reason(s) for filing (Check proper bo		T	Other (Please	explains		
lew Well X Change in Transporter of:			. []			
Necompletion			nsate			,
Change in Ownership		0 003				
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	LEASE			V 1 - 4 - 5 1		}
Lease Name	Well No.	Pool Name, Including	ormation > 1	Kind of Leas		Lease No.
Amoco Federal	1	Undesignated A	Atoka	State, Federa	or Fee Federal	32636
Location		0 1	000		. .	
Unit Letter: 19	80 Feet From	The South Lin	ne and 990	_ Feet From	The East	
Line of Section 11 . To	waship 23-S	Range	28-E , NMPM	Eddy	•	County
DESIGNATION OF TRANSPOR	TER OF OIL	AND NATURAL GA	\S			
Name of Authorized Transporter of Oil ar Condensate X			Andress (Give baaress to which approved copy of into joint is to be sent)			
The Permian Corporat:	ion		! Box 1183, Hou			1 1
Name of Authorized Transporter of Ca	singhead Gas	or Dry Gas X	Address (Give address t	o which appro-	ved copy of this form is to	be sent)
El Paso Natural Gas			Box 1492, E1	Paso, Te	xas 79978	
If well produces oil or liquids, I II 23			Is gas actually connecte	•	12-10-29	
give location of tanks. If this production is commingled wi						
If this production is commingled wi COMPLETION DATA	In that hom any	Other reade or poor,	<u></u>			
		l Well Gas Well	New Well Workover	Deepen	Plug Back Same Res!	r. 'Dill. Rest
Designate Type of Completion	on — (X) ₁	X	X	<u> </u>	1	
Date Spudded	Date Compl. Re	eady to Prod.	Total Depth		P.B.T.D.	
8/4/79	11/26/		11900	 	11858	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Format		ing Formation	Top Oll/Gas Pay		Tubing Depth	
2992.1 GR Atoka			11604		Depth Casing Shoo	
11604, 05, 06, 07, 08					11900	
			CEMENTING RECORD		CACUE CENT	NT
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
26	20"		450		1575	
17-1/2	13-3/8"		2634		2845	
12-1/4	9-5/8"		11191		3900	
8-1/2	7"		10786-11898 Ster recovery of social volume of load oil a			
TEST DATA AND REQUEST F	OR ALLOWAB	LE (Test must be af able for this de)	ter recovery of total volum p:h or be for full 24 hours)	e of load oil a	nd must be equal to or ex-	
Oil, WELL Date First New Oil Run To Tanks	Date of Test	•	Producing Method (Flow,	pump, gas lift	, etc.)	
	Tubing Pressure		Cosing Pressure		Choke Size	
Length of Test	Tablia France				100 a 24	
Actual Pred. During Test Oil-Bbls.			Water - Bbls.		Gas-MCF	
	<u> </u>					
GAS WELL	1		Bbla. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test 4-1/2 hour		O .		·	
934 4-1/2 hour Tubing Pressure (Shut-in)			Cosing Pressure (Shut-in)		Choke Sixe	
(DUAL DACK DIAL	,		•			

back pressure CERTIFICATE OF COMPLIANCE

Teeling Method (pitot, back pr.)

hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given bove is true and complete to the best of my knowledge and belief.

Field Projects Manager

(Title) 11/28/79

(Signolwe)

Tubing Pressur (Shut-in)

5600

This form is to be filed in compliance with RULE 1104.

SUPERVISOR, DISTRICA

OIL CONSERVATION COMMISSION

hesset

APPROVED

TITLE .

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tasts taken on the well in accordance with RULE 111.

6/64

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, wall name or number, or transporter, or other such change of condition.